

No. 1900

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1960 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Gerard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Fourteen Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Fourteen Months

Place of Death, { Give Street and Number. } 1403 Hull St

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Convulsions. }

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, A Lyons & Co.

Date of Burial, August 3,

{ Undertaker, B. Hark } { M. Lake Hooper M. D. Medical Attendant. }

{ Place of Business, 115 West St } Address, 1329 Hull St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 1961 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Clark

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 7 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Accidentally drowned at foot of
Hambert St.

Cause of Death, { First (Primary) Second (Immediate), } Drowning
Sophy Sea.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, Aug 4

Undertaker, D. P. Lynn

Place of Business, 42 E. West St.

J. J. Flannery M. D.

Coroner Medical Attendant.

Address, 1701 D. Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 1962 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2^d 1887

Full Name of Deceased, J. Michael Schaner { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, off Gibson St. Fall St. { Give Street and Number. }

Cause of Death, Accidental Drowning { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, August 4th 1887

{ Undertaker, Peter Frey M. D. Medical Attendant, Wm. Brady

{ Place of Business, 1003 E. Pratt Address, 413 N. Broadway

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 1963 Office of Registrar of Vital Statistics. Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, August 2nd 1887

Full Name of Deceased, Mary M. Woolford {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ☒

Occupation, Baltimore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 239 S. Bond St

Cause of Death, {First (Primary), Second (Immediate),} Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, August 3rd 1887

{Undertaker, Lenny Whitcomb Theodore Bodke M. D. Medical Attendant.

{Place of Business, 208 S Broadway Address, 578 W. Hampden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1964 Office of Registrar of Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd, 1887
Full Name of Deceased, Edmund Pennsmith
Sex, Male or Female, Male
Age, Nine (9) Years, Seven (7) Months, Days.
Color, White
Married, Single, Widow or Widower,
Occupation,
Birth Place, Baltimore, Md.
Duration of Residence in the City of Baltimore, Life Time
Place of Death, No 2014 East Lombard St
Cause of Death, Cholera Infantum
Convulsions
Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
Date of Burial, Aug 4th 1887
Undertaker, Fred Gaede
Place of Business, 108 S. Caroline
Medical Attendant, Wm H. Glendinen, M. D.
Address, No 418 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1965 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Singmaster

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Six Years

Place of Death, { Give Street and Number. } 1408 N. Baltimore St

Cause of Death, { First (Primary), Second (Immediate), } Miscellaneous
Purpural Fever

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Aug 3rd 1887

Undertaker, Fred Gaede W. R. Buckner M. D.
Medical Attendant.

Place of Business, 108 E. Caroline St Address, 1401, Tinsman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1766 Office of Registrar of Vital Statistics.

Ward 10²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 3^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ida Chappell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years,

Months,

eight

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. }

650 North Cherry St

Cause of Death, { First (Primary), Second (Immediate), }

Bronchial Catarrh
Congestion of Lungs & Spasms
From birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 3^d 1887

{ Undertaker, John E. Hough

Elias C Price

M. D.

Medical Attendant.

{ Place of Business, 1408 Penna. Ave Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1967 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 22nd 1887

Full Name of Deceased, Andrew Dittmer
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, One (1) Year, Months, Nine (9) Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 1630 18th St Ave
{ Give Street and Number. }

Cause of Death, Cholera Infantum
Colic
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Co.

Date of Burial, August 28th 1887

Undertaker, Michael Pinsky

Place of Business, 1403 Bank St Address, Dr. J. H. Flower
Caroline
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1432. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1968 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2th /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Morse

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } female

Age, Years, three Months, Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1123 Duist Alley

Cause of Death, { First (Primary), Cholera Infantum }
{ Second (Immediate), }

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 3th /87 James A. Stearns M. D.

{ Undertaker, Bernard Harle }
{ Place of Business, 115 West Street Address, Can 0212

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. C. Seward S. D. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1969 Office of Registrar of Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Abram (Auburn)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 Years, Two Months, 0 Days.

Color, Dark brown

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, Two months

Place of Death, { Give Street and Number. } No 785 Harmony Lane

Cause of Death, { First (Primary), Second (Immediate), } Hot Weather

Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, August 3rd 1887

Undertaker, Benj L Bohm M. D.

Place of Business, 150 East 12th Address, Cor Mulberry & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]